This Page Is Inserted by IFW Operations and is not a part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

As rescanning documents will not correct images, please do not report the images to the Image Problem Mailbox.

Stephen Cate et al.

P03958US1

COMPLETE IF KNOWN

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR

DESIGN PATENT APPLICATION Attorney Docket Number

First Named Inventor

(37 CFR 1.63)	Application Number	09/674,399	
Declaration Declaration	Filing Date	10	/31/2000
Submitted OR Submitted after Initial	Art Unit		
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	Daniel Stem	nmer
As the below named inventor, I hereby declare that:			
My residence, mailing address, and citizenship are as stated bel	low next to my name.		
I believe I am the original and first inventor of the subject matter	which is claimed and for whic	ch a patent is sough	t on the invention entitled:
METHOD AND MEANS FOR FILLING NA	TURAL CASING S	AUSAGES	
(Title of the	Invention)	<u> </u>	
the specification of which			
is attached hereto			
OR			
was filed on (MM/DD/YYYY) 10/31/2000	as I Inited States A	pplication Number o	or DCT Intomotional
	as Officed States A	ppiicauon Number c	or PC i, international
			·
Application Number PCT/US00/02028 and was amend	ded on (MM/DD/YYYY)	01/26/2000	(if applicable).
I hereby state that I have reviewed and understand the contents any amendment specifically referred to above.	of the above identified specif	fication, including th	e claims, as amended by
I acknowledge the duty to disclose information which is material applications, material information which became available between	o patentability as defined in	37 CFR 1.56, includ	ling for continuation-in-part
international filing date of the continuation-in-part application.	•		
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d breeder's rights certificate(s), or 365(a) of any PCT international states of Agents and States and States and States are states are states and states are states are states and states are states ar) or (f), or 365(b) of any fore	ign application(s) for	or patent, inventor's or plant
States of America, listed below and have also identified below, breeder's rights certificate(s), or any PCT international applicate	by checking the boy one to	roian annlication to	
ciaimed.			
Prior Foreign Application Number(s) Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			一一 一
Additional foreign application numbers are list d on a suppl	omantal natarity data about F	TO/SB/02B attache	d horstei

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer Number or Bar Code Label	34082	2	OF	` [Corr	espondence address below
Nam							
Address							
City		-	State				ZIP
C untry	Telep	hone					Fax
I hereby declare that all statements ma are believed to be true; and further that mad are punishable by fine or impriso validity of the application or any patent	at these statements onment, or both, und	were made with	the knov	vledae th:	at willfu	ıl false	statements and the lik so
NAME OF SOLE OR FIRST IN	VENTOR:	A petition ha	as been	filed fo	r this	unsign	ned inventor
Given Name Stephen H. (first and middle [if any])			Family N	Name	ate		
Inventor's legsten	N. Car	É	·				Date 10-31-02
Johnston R sidence: City	·	lowa State		U.S.			U.S. Citizenship
6016 Redbud C	ourt						
Mailing Address		lowo	$\overline{}$	- F()131		
Johnston City		IOWA State	2	ZIP .	113		U.S. Country
NAME OF SECOND INVENTOR	R: 🔲	A petition has	been fi	led for t	his ur	signe	d inventor
Given Name Marcellinus F. (first and middle [if any])			Family N	iame	tow		
Inventor's Signature	20065	\mathcal{I}				****	/how 11 Date 2002
Rosmalen R sidence: City		Netherland State	~ l	The Ne	therla	ınds	NE Citizenship
Anna Blamanst	r 66						
Mailing Address		N1 = 41= = -1 =1					[
5242 EG Rosmalen city		Netherlands State	Z	ZIP	 		The Netherlands
Additional inventors ar being name	ned on the 3 supp	olemental Additio	nal Invent	tor(s) she	et(s) P	ro/sb/c	02A attached hereto.

PTO/SB/02A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 3

Name of Additional Joint Inventor, if an	y:	A petition has been filed to	or this unsigned inventor
Steven P. Given Name		Hergott Family Name or Surname	
Inventor's Signature Stua P Height			Date //-3-02
West Des Moines Residence: City	lowa State	U.S. Country	U.S. Citizenship
5113 Wistful Vista Drive Mailing Address			
Mailing Address			
_{City} West Des Moines	lowa State		S. untry
Name of Additional Joint Inventor, if an	y:	A petition has been filed fo	r this unsigned inventor
Giv n Vincent L.		Family Name Basile, II or Surname	
inventor's Signature			Date 0/31/02
West Des Moines Residence: City	lowa State	U.S. Country	U.S. Citizenship
233 - 24th Street Mailing Address			
Mailing Address			
West Des Moines	lowa State	50265 U.: ZIP Co	S. untry
Name of Additional Joint Inventor, if an	ıy: [☐ A petition has been filed for	this unsigned inventor
Michael S. Glven Name		Simpson Family Name or Surname	
Inventor's Michael & Limesto	N		Date 10/31/02
Norwalk / Residence: City	lowa State	U.S. Country	U.S. Citizenship
4935 Wakonda Drive			
Malling Address		-	
_{Citv} Norwalk	lowa State	50211	U.S.

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/02A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 3

Name of Additional Joint Inventor, if an	y:	□Ар	etition has been filed	for th	is unsigned inventor
David Giv n Name		Family or Sur			
Inventor's Danid Hawke			·		04 31 2002 Date
Norwalk Residence: City	lowa State	U.S Count			U.S. Citizenship
5213 Clearwater Drive Mailing Address					
Mailing Address					
_{City} Norwalk	lowa State	5021 ZIP		I.S. ountr	y
Name of Additional Joint Inventor, if an	y:	☐ A pe	etition has been filed fo	or this	s unsigned inventor
Given Kenneth L.			y Name Lebsack rname		
Inv ntor's Signature	back				2002-10-31
Ankeny Residence: City	lowa State	U.S. Coun			U.S. Citizenship
914 NE 15th Street				-	
Malling Address					
Ankeny city	lowa State	500 ZIP		J.S. ountry	v
Name of Additional Joint Inventor, if an			ition has been filed fo		
Rudolf P.T. Given Name		Family N			
Inventor's Signature					Date 2002 _ 11-07
Woerden Residence: City	Netherlands		e Netherlands		NE Citizenship
Blazer 6, 3448 WD Malling Address					
Mailing Address				_	
_{city} Woerden	Netherlands Stat		ZIP		e Netherlands

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/02A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any	y:		A petition has been f	iled for t	his unsigned inventor
Jay D. Given Name			Thoma	is	
Inventor's Signature D. M	ond	1			Date NOU. 6, 200
Danville / / R Idence: City	Califori State		J.S. ountry		U.S. Citizenship
23 Volterra Court Malling Address					
Malling Address					
_{city} Danville	Californ State	ia g	94526 CIP	U.S. Count	ry
Name of Additional Joint Inventor, if any	y:		A petition has been fil	ed for th	is unsigned inventor
Given Name			amily Name r Surname		
Inventor's Signature		•			Date
Residence: City	State	С	Country		Citizenship
Malling Address					
Malling Address					
City	State		ZiP	Count	гу
Name of Additional Joint Inventor, if an	ıy:		A petition has been file	ed for this	s unsigned inventor
Given Name			nily Name urname		
Inventor's Signature					Date
Residence: City	State		Country		Citizenship
Mailing Address				•	· · · · · · · · · · · · · · · · · · ·
Malling Address					
City	State		ZiP	c	untry

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

the Paperwork Reduction Ac	t of 1995, no persons are required to	Approved U.S. Patent and Trademark respond to a collection of information	for use through 10/31/20 c Office; U.S. DEPARTME n unless it display a valid	PTO/SB/81 (02-01) 002. OMB 0651-0035 ENT OF COMMERCE OMB control number.
		Application Number	09/674,39	
		Filing Date	10/31/00	
		First Named Inventor	Cate et a	1.
POWER OF A	TTORNEY OR		MEANS FOR ET	LLING NATURAL
AUTHORIZATI	ON OF AGENT	Group Art Unit		SAUS
		Examiner Name	Daniel St	emmer
		Attorney Docket Number	P03958US1	
			•	
I hereby appoint: Practitioners at OR Practitioner(s) r	t Customer Number		→ 340 PATENT TRADE	82 82
Practitioner(s) i	Name	Re	gistration Number	
	Itamo	110	gistration (veriber	
		· · · · · · · · · · · · · · · · · · ·		
				
as my/our attorney(s)	or agent(s) to prosecute th	e application identified ab	ove, and to transa	act all
business in the United	States Patent and Traden	nark Office connected the	rewith.	act all
business in the United Please change the cor	States Patent and Traden respondence address for t	nark Office connected the	rewith.	act all
business in the United Please change the cor The above-menti	States Patent and Traden	nark Office connected the	rewith.	
business in the United Please change the cor	I States Patent and Traden rrespondence address for to oned Customer Number.	nark Office connected the	rewith. cation to: Place Customer Number Bar Co	
business in the United Please change the col The above-mention	I States Patent and Traden rrespondence address for to oned Customer Number.	nark Office connected the	rewith. cation to: Place Customer	
business in the United Please change the cor The above-mention Practitioners at C OR Firm or	I States Patent and Traden rrespondence address for to oned Customer Number.	nark Office connected the	rewith. cation to: Place Customer Number Bar Co	
business in the United Please change the cor The above-mention OR Practitioners at C OR	I States Patent and Traden rrespondence address for to oned Customer Number.	nark Office connected the	rewith. cation to: Place Customer Number Bar Co	
business in the United Please change the cor The above-mention Practitioners at C OR Individual Name	I States Patent and Traden rrespondence address for to oned Customer Number.	nark Office connected the	rewith. cation to: Place Customer Number Bar Co	
business in the United Please change the cor The above-mention Practitioners at Cor Firm or Individual Name	I States Patent and Traden rrespondence address for to oned Customer Number.	nark Office connected the	rewith. cation to: Place Customer Number Bar Co	
business in the United Please change the cor The above-mentic OR Practitioners at C OR Firm or Individual Name Address	I States Patent and Traden rrespondence address for to oned Customer Number.	mark Office connected the	Place Customer Number Bar Co Label here	
business in the United Please change the cor The above-mention Practitioners at C OR Firm or Individual Name Address Address	I States Patent and Traden rrespondence address for to oned Customer Number.	mark Office connected the	Place Customer Number Bar Co Label here	
business in the United Please change the cor The above-mention Practitioners at Cor Practitioners at Cor Individual Name Address Address City Country Celephone I am the:	I States Patent and Traden rrespondence address for to oned Customer Number.	nark Office connected the the above-identified applications and the state	Place Customer Number Bar Co Label here	
business in the United Please change the cor The above-mentic OR Practitioners at C OR Firm or Individual Name Address Address City Country Gelephone	States Patent and Traden respondence address for toned Customer Number. ustomer Number	nark Office connected the the above-identified applications and the state	Place Customer Number Bar Co Label here	
business in the United Please change the cor The above-mention Practitioners at C OR Firm or Individual Name Address Address City Country Gelephone I am the: X Applicant/Invention	I States Patent and Traden respondence address for toned Customer Number. ustomer Number	state	Place Customer Number Bar Co Label here	
business in the United Please change the cor The above-mention Practitioners at C OR Firm or Individual Name Address Address City Country Gelephone I am the: Assignee of re	States Patent and Traden respondence address for toned Customer Number. ustomer Number	State Fax See 37 CFR 3.71.	Place Customer Number Bar Co Label here	
business in the United Please change the cor The above-mention Practitioners at C OR Firm or Individual Name Address Address City Country Gelephone I am the: Assignee of re	I States Patent and Traden respondence address for toned Customer Number. ustomer Number intor. cord of the entire interest. der 37 CFR 3.73(b) is encice.	State See 37 CFR 3.71. Seed. (Form PTO/SB/96).	Place Customer Number Bar Co. Label here	
business in the United Please change the cor The above-mentic OR Practitioners at C OR Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Invertigations Assignee of re Statement und	I States Patent and Traden respondence address for toned Customer Number. ustomer Number intor. cord of the entire interest. Isr 37 CFR 3.73(b) is encional signature of Appli	State Fax See 37 CFR 3.71.	Place Customer Number Bar Co. Label here	
business in the United Please change the cor The above-mentic OR Practitioners at C OR Firm or Individual Name Address Address City Country Felephone I am the: X Applicant/Invertigation	I States Patent and Traden respondence address for toned Customer Number. ustomer Number intor. cord of the entire interest. der 37 CFR 3.73(b) is encice.	State See 37 CFR 3.71. Seed. (Form PTO/SB/96).	Place Customer Number Bar Co. Label here	
business in the United Please change the cor The above-mentic OR Practitioners at C OR Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Invertigations Assignee of re Statement und	I States Patent and Traden respondence address for toned Customer Number. ustomer Number intor. cord of the entire interest. Isr 37 CFR 3.73(b) is encional signature of Appli	State See 37 CFR 3.71. Seed. (Form PTO/SB/96).	Place Customer Number Bar Co. Label here	

forms are submitted.

Total of

Approach for use through 1931 - 1985, no persons are required to respond to a collection of information unless it display a valid ONE control manhoer. POWER OF ATTORNEY OR AUTHORIZATION OF AGENT AUTHORIZATION OF AGENT I hereby appoint: Practitioners at Customer Number	Pleasa type a plus sign (+) inside t	his box			
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT I hereby appoint: Practitioners at Customer Number OR Paractitioner(s) named below:			Approved U.S. Patent and Trademark espond to a collection of information	for use through 10/31/2002, OMB 0651-003	Ś.
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT First Named Inventor Cate et al.			Application Number	09/674,399	
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT Title METHOD AND MEANS FOR ETILITING NATURE SAU Examiner Name Danziel Stemmer Attorney Docket Number P03958US1. I hereby appoint: Practitioners at Customer Number OR Practitioner(s) named below: Name Registration Number Name Registration Number Name Na				10/31/00	
AUTHORIZATION OF AGENT Group Art Unit Bandrel Stemmer SAU Bandrel Stemmer Sau Bandrel Stemmer Sau Bandrel Stemmer Sau Sau				Cate et al.	
AUTHORIZATION OF AGENT Group Art Unit Examiner Name Danise1 Stemmer			Title METHOD AND	MEANS FOR EILLING NATU	RAI CA
I hereby appoint: Practitioners at Customer Number					AUSAGE
I hereby appoint:			Examiner Name	Danzel Stemmer	
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signature Date Marcel nus F Ottow Otto			Attorney Docket Number	P03958US1	
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signature Date Marcel nus F Ottow Otto	I hereby appoint:	,			7
Assignee of record of the entire interest. See 37 CFR 3.71. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signature Date Marcall must process of the interest of the in	Practitioners at Cust OR			34082 PATENT TRADEMARK OFFICE	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Number Bar Code Label here Address Address City State I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signature Date Note: Signatures of all the inventors or assignees I record of the entire interest or their representative(s) are required. Submit multiple.	Tractitioner(s) Hame		Re		
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Telephone I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name Marcellinus F. Ottow Signature Date NOTE: Signatures of all the inventors or assignees f record of the entire interest or their representative(e) are required. Submit multiple.			110	gistration (4dinbe)	
Dusiness in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: ☐ The above-mentioned Customer Number. OR Practitioners at Customer Number ☐ Firm or Individual Name Address Address City Country Telephone ☐ am the: ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Marcellinus F. Ottew Signature Date NOTE: Signatures of all the Inventors or assignees f record of the entire interest or their representative(e) are required. Submit multiple NOTE: Signatures of all the Inventors or assignees f record of the entire interest or their representative(e) are required. Submit multiple					
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address City Country Telephone I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). Signature Signature Date NOTE: Signatures of all the inventors or assignees f record of the entire interest or their representative(e) are required. Submit multiple Telephone The above-mention to: Place Customer Number Number Number State Customer Number Bar Code Label here Place Customer Number Bar Code Label here Place Customer Number Bar Code Label here State					
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Telephone I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name Marcellinus F. Ottow Signature Date NOTE: Signatures of all the inventors or assignees f record of the entire interest or their representative(e) are required. Submit multiple NOTE: Signatures of all the inventors or assignees f record of the entire interest or their representative(e) are required. Submit multiple				·	
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Telephone I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name Marcellinus F. Ottow Signature Date NOTE: Signatures of all the inventors or assignees f record of the entire interest or their representative(e) are required. Submit multiple NOTE: Signatures of all the inventors or assignees f record of the entire interest or their representative(e) are required. Submit multiple	as my/our attorney(s) or ad	ent(s) to prosecute the	e application identified ab	nove, and to transact all	1
The above-mentioned Customer Number. OR Practitioners at Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Marcallinus F. Ottow Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Marcellinus F. Ottow Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	The above-mentionedORPractitioners at Custon	Customer Number.	he above-identified applic	Place Customer Number Bar Code	
Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Marcellinus Frottow Signature Date NOTE: Signatures of all the Inventors or assignees I record of the entire interest or their representative(s) are required. Submit multiple	Firm or				
City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Marcellinus F. Ottow Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Marcellinus F. Ottow Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Marcellinus Frottow Signature Date Marcellinus Frottow NOTE: Signatures of all the inventors or assignees frecord of the entire interest or their representative(s) are required. Submit multiply			State	Zin	
Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Signature Date NOTE: Signatures of all the inventors or assignees (record of the entire interest or their representative(s) are required. Submit multiple			Oldle	1 4 1	
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name			Fax		-
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Signature Date NOTE: Signatures of all the inventors or assignees frecord of the entire interest or their representative(s) are required. Submit multiple			1144		
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Signature Date NOTE: Signatures of all the inventors or assignees record of the entire interest or their representative(s) are required. Submit multiple.					1
Name Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiply		of the entire interest.	See 37 CFR 3.71.		-
Name Signature Date NOTE: Signatures of all the inventors or assignees frecord of the entire interest or their representative(s) are required. Submit multiply	Statement under 37				
Signature Date March Local		SIGNATURE of Appli	cant or Assignee of Reco	rd ·	_
Date Mong 11 - 2002 NOTE: Signatures of all the inventors or assignees frecord of the entire interest or their representative(s) are required. Submit multiply	110110	Dinus F Ottow	\rightarrow		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple				A A	
iorns ii more man one signature is required, see pelow".	NOTE: Signatures of all the inventors forms if more than one signature is re		the entire interest or their repre	sentative(s) are required. Submit multip)
CX *Total of					\neg

Please type a plus sign (+) Inside this box			
Under the Paperwork Reduction Act of 1995, no persons are required to re	Approved U.S. Patent and Trademark espond to a collection of information	PTO/SB/81 (02-01) for use through 10/31/2002. OMB 0651-0038 Office; U.S. DEPARTMENT OF COMMERCI unless it display a valid OMB control number	İ
	Application Number	09/674,399	\
·	Filing Date	10/31/00	
	First Named Inventor	Cate et al.	
POWER OF ATTORNEY OR	Title METHOD AND	TEANS FOR EILLING NATU	RATI CASINO
AUTHORIZATION OF AGENT	Group Art Unit		AUS AGES
	Examiner Name	Daniel Stemmer	
	Attorney Docket Number	P03958US1	フ
I hereby appoint: Practitioners at Customer Number OR		34082	
Practitioner(s) named below:		PATENT TRADEMARK OFFICE	
Name	Re	istration Number	
			ł
	· · · · · · · · · · · · · · · · · · ·		
as my/our attorney(s) or agent(s) to prosecute the			
business in the United States Patent and Tradem			
Please change the correspondence address for the The above-mentioned Customer Number. OR Practitioners at Customer Number OR	The above-identified application	Place Customer Number Bar Code Label here	
Firm or Individual Name		•	
Address			
Address			
City	State	Zip	_
Country			
Telephone	Fax	**************************************	-
I am the:			
X Applicant/Inventor.	***************************************		
Assignee of record of the entire interest. S Statement under 37 CFR 3.73(b) is enclo			
SIGNATURE of Appli	cant or Assignee of Recor	d	
Name Steven P. Hergott			
Signature Steen PK unst			
Date 11-3-02			
NOTE: Signatures of all the inventors or assignees of record of t	he entire interest or their repres	entative(s) are required. Submit multiple	•
forms if more than one signature is required, see below*. State of forms are submitted.			
Total of Subilition.			

Approved for use through 10/31/2002. OMB 0881-0038 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number. Application Number 09/674, 399 Filling Date 10/31/00 First Named Inventor Cate et al.	Please type a plus sign (+) inside this box			
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT Filing Date		Approved U.S. Patent and Trademark espond to a collection of information	for use through 10/31/2002, OMB 0651-003	3 5
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT Filling Date		Application Number	09/674,399	
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT Title METHOD AND #EANS FOR ETILING: NATURAL CAS Group At Unit SAUS GRESS Attended to the Company of the Company			10/31/00	
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT Title METHOD AND FRANS FOR EILLING NATHERAL SAUS SAUS SAUS SAUS SAUS SAUS SAUS SA			Cate et al.	
AUTHORIZATION OF AGENT Group Art Unit Examiner Name Danžel Stemmer	POWER OF ATTORNEY OR	Title METHOD AND	MEANS FOR ETLLING NATE	IRAT CASTN
I hereby appoint:	AUTHORIZATION OF AGENT			
I hereby appoint: Practitioners at Customer Number				
Practitioners at Customer Number OR Practitioner(s) named below: Name Registration Number Name Registration Number In the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number. Practitioners at Customer Number. OR Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). Signature Name Vincent L. Basile, II Signature Signature of the interest of the interest or their representative(s) are required. Submit multiple		Attorney Docket Number	P03958US1	フ
Practitioners at Customer Number OR 34082				
OR Practitioner(s) named below: Name	I hereby appoint:			
OR Practitioner(s) named below: Name	Y Practitioners at Customer Number			- 1
Assignee of record of the entire interest. See 37 CFR 3.71. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signature Date Io/31/02 Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			34082	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number If m or Individual Name Address Address Address City Country Telephone I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SBI96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Practitioner(s) named below:		PATENT TRADEMARK OFFICE	
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR If im or individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date Note: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Name	Re	gistration Number	
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR If im or individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date Note: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple				1
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR If im or individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date Note: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple				
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR If im or individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date Note: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple				
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR If im or individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date Note: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple				
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR If im or individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date Note: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	as my/our attorney(s) or agent(s) to prosecute the	e application identified ab	ove, and to transact all	
The above-mentioned Customer Number. OR Practitioners at Customer Number Place Customer Number Bar Code Label here Film or Individual Name Address Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	business in the United States Patent and Traden	nark Office connected the	rewith.	
Firm or Individual Name Address Address Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date IO/31/02 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	☐ The above-mentioned Customer Number. OR ☐ Practitioners at Customer Number	he above-identified applic	Place Customer Number Bar Code	
Address City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Firm or			
City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date /0/31/02 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple		· · · · · · · · · · · · · · · · · · ·		
Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Address			
Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	. City	State	Zip	·····
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Country			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Telephone	Fax		
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	I am the:			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	X Applicant/Inventor.			· •
SIGNATURE of Applicant or Assignee of Record Name Vincent L. Basile, II Signature Date NOTE: Signatures of all the Inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple				
Name Vincent L. Basile, II Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			rd	
Signature Date 10/31/02	Wincont I Pagilo T			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Date /0/31/02	-		
ionno il more diani one agliature is required, see below".	NOTE: Signatures of all the inventors or assignees of record of	the entire interest or their repre	sentative(s) are required. Submit multip	ole
☑ *Total offorms are submitted.				

Please type a plus sk	ign (+) inside	NIE WAS					
			U.S. Patent and d to respond to a collection of	Approved Trademark Information	for use through 10/31/ Office; U.S. DEPARTN unless it display a vali	PTO/8B/81 (0 2002. OMB 0651 JENT OF COMM d OMB control n	-0035
			Application Numi	oer	09/674,39	99	
			Filing Date		10/31/00		
		First Named Inve	ntor	Cate et a	1.		
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT			Title METHOD	AND	MEANS FOR E	ILLING NA	TURAI CA
			Group Art Unit				SAUSAGE
		Examiner Name		Daniel St	temmer		
,			Attorney Docket	Number	P03958US	L	
I boroby oppoi	lent.						7
I hereby appoint X Practition OR Practitione	ners at Cus	stomer Number	<u> </u>		→ 34(PATENT TRAD	082	
		Name		Re	gistration Numbe	r	İ
		rame		1,0	giotration (tambe		
						:	
			l l				•
business in the U	United Sta	ntes Patent and Trac condence address f	e the application iden demark Office connector for the above-identifie	cted the	rewith.	sact all	
Please change the Draw The above-	United Sta he corresp mentioned	ites Patent and Trac	demark Office connector the above-identifie	cted the	rewith.	er]	
Please change the Description of	United Sta the corresp mentioned as at Custo	ondence address for Customer Number	demark Office connector the above-identifie	cted the	rewith. ation to: Place Custome Number Bar C	er]	
Please change the long through the above- OR Practitioners OR Firm or	United Sta the corresp mentioned as at Custo	ondence address for Customer Number	demark Office connector the above-identifie	cted the	rewith. ation to: Place Custome Number Bar C	er]	
Please change the long please change the long practitioners or long practitioners or long process. Address Address	United Sta the corresp mentioned as at Custo	ondence address for Customer Number	demark Office connector the above-identifie	cted the	rewith. ation to: Place Custome Number Bar C	er]	
business in the U Please change the I The above- OR Practitioners OR Firm or Individual National Natio	United Sta the corresp mentioned as at Custo	ondence address for Customer Number	demark Office connector the above-identifie	d applic	rewith. ation to: Place Custome Number Bar C	er]	
business in the U Please change the I The above- OR Practitioners OR Firm or Individual National Natio	United Sta the corresp mentioned as at Custo	ondence address for Customer Number	demark Office connector the above-identifier.	ted the	rewith. eation to: Place Custome Number Bar C Label here	er]	
business in the U Please change ti The above- OR Practitioners OR Firm or Individual Na Address Address City Country Telephone	United Sta the corresp mentioned as at Custo	ondence address for Customer Number	demark Office connector the above-identifier.	ted the	rewith. eation to: Place Custome Number Bar C Label here	er]	
business in the U Please change the The above- OR Practitioners OR Firm or Individual National Address Address City Country Telephone I am the:	United Sta the corresp mentioned as at Custo	ttes Patent and Trac condence address for d Customer Number omer Number	demark Office connector the above-identifier.	ted the	rewith. eation to: Place Custome Number Bar C Label here	er]	
business in the U Please change the The above- OR Practitioners OR Practitioners OR Address Address Address City Country Telephone I am the: X Applicant	United Sta the corresponding of the corresponding o	tites Patent and Trac condence address for the Condence address for the condence address for the	demark Office connector the above-identifier.	ted the	rewith. eation to: Place Custome Number Bar C Label here	er]	
business in the U Please change the Description of the above- OR Practitioners OR Practitioners OR Individual Nation Address Address City Country Telephone I am the: X Applicant	United Sta the corresponding of the corresponding o	tites Patent and Trace condence address for the demark Office connector the above-identifier. Sta Fauther Start Start Start See 37 CFR 3.71.	te SB/96).	rewith. eation to: Place Custome Number Bar C Label here Zip	er]		
Dusiness in the U Please change the The above- OR Practitioners OR Firm or Individual National United Sta the corresponding of record and under 3	tites Patent and Trace condence address for the st. See 37 CFR 3.71.	te SB/96).	rewith. eation to: Place Custome Number Bar C Label here Zip	er]			
business in the U Please change the The above- OR Practitioners OR Practitioners OR Address Address Address City Country Telephone I am the: X Applicant	united States the corresponding of the correspondin	tites Patent and Trace pondence address for the entire interest of CFR 3.73(b) is er	st. See 37 CFR 3.71.	te SB/96).	rewith. eation to: Place Custome Number Bar C Label here Zip	er]	
business in the U Please change the I The above- OR Practitioners OR Firm or Individual Nate Address Address City Country Telephone I am the: X Applicant Assigned Statement	United Sta the corresponding of the corresponding o	d of the entire interest of A Hamblin	demark Office connector the above-identifier. State	te SB/96).	rewith. eation to: Place Custome Number Bar C Label here Zip	er]	

Please type a plus sign	(+) insi	de this box				
		1995, no persons are required to re	Approve U.S. Patent and Tradema spond to a collection of informat	ed for use through 10/31/ ark Office; U.S. DEPARTA ton unless it display a vali	PTO/8B/81 (02-01) 2002. OMB 0651-0035 IENT OF COMMERCE d OMB control number.	
		•	Application Number	09/674,39	99	1
			Filing Date	10/31/00		1
			First Named Inventor	Cate et a	al.	Ī
POWER OF	AT	TORNEY OR	Title METHOD AND	MEANS FOR ET	LLING NATURAL	CASTN
AUTHORIZA	UTHORIZATION OF AGENT					AGES
			Examiner Name	Daniel St	emmer	
<u> </u>			Attorney Docket Number	P03958US)
I horoby appoints		· · · · · · · · · · · · · · · · · · ·				1
I hereby appoint:						
OR		customer Number		→ 34(082	
Practitioner(s) na				EMARK OFFICE	
		Name	R	legistration Number	r	
						
	-					
		agent(s) to prosecute the states Patent and Tradema			sact all	
		spondence address for th	e above-identified appl	lication to:		
OR	ention	ed Customer Number.		Place Custome	·	
	at Cus	stomer Number		Number Bar C		
OR				Label here		i
Firm or Individual Name	•			•		
Address						1
Address						
City			State	Zip		1
- Country						
Telephone			Fax] .
I am the:						
X Applicant/Ir	rvent	or.				
		ord of the entire interest. S r 37 CFR 3.73(b) is enclos).		
			ant or Assignee of Rec			1
Name	Kenr	neth L. Lebsack				
Signature	Lei	with L Liba	M]
Date	20	02-10-31				
NOTE: Signatures of all the forms if more than on sign	e inver nature	ntors or assignees of record of this required, se below*.	ne entir interest or their rep	resentative(s) are requ	ired. Submit multiple	1
Martalat 0			·			-1

Please type a plus sign (+) inside this box			
nder the Paperwork Reduction Act of 1995, no persons are required to r	Approved U.S. Patent and Trademark espond to a collection of information	PTO/SB/81 (02-01) for use through 10/31/2002. OMB 0651-0035 Office; U.S. DEPARTMENT OF COMMERCE n unless it display a valid OMB control number.	
	Application Number	09/674,399)
	Filing Date	10/31/00	
	First Named Inventor	Cate et al.	
POWER OF ATTORNEY OR	Title METHOD AND	TEANS FOR EILLING NATURAL	CAS
AUTHORIZATION OF AGENT	Group Art Unit		AGES
·	Examiner Name	Dangel Stemmer	
	Attorney Docket Number	P03958US1	
I hereby appoint:		·	
Practitioners at Customer Number OR		→	
Practitioner(s) named below:		PATENT TRADEMARK OFFICE	
Name	Re	gistration Number	
		· · · · · · · · · · · · · · · · · · ·	
as my/our attorney(s) or agent(s) to prosecute th business in the United States Patent and Traden			
Please change the correspondence address for t	he above-identified applic	cation to:	
The above-mentioned Customer Number. OR		- Blace Customer	
Practitioners at Customer Number		Place Customer Number Bar Code	
OR		Label here	
Firm or Individual Name			
Address			1
Address			•
City	State	Zip	
Country			Į
Telephone	Fax		
I am the: Applicant/Inventor.			
-q · • • •			
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is encion			
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is encire		rd	
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is encident	osed. (Form PTO/SB/96).	rd	
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is encional signature of Apple	osed. (Form PTO/SB/96).	rd	
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is encir SIGNATURE of Appl Name Rudolf P.T. Enklaar	osed. (Form PTO/SB/96).	rd	

	ign (+) insi	de this box			
			Approve U.S. Patent and Tradems espond to a collection of informat	PTO/SB. id for use through 10/31/2002. OMB irk Office; U.S. DEPARTMENT OF Coordinates it display a valid OMB conf	/81 (02-01) 0651-0035 OMMERCE trol number.
			Application Number	09/674,399	
			Filing Date	10/31/00	
			First Named Inventor	Cate et al.	
POWER (OF AT	TORNEY OR	Title METHOD AND		NATURAL CASIN
AUTHORIZ	ZATIO	N OF AGENT	Group Art Unit	THE TOTAL PROPERTY.	SAUSAGES
			Examiner Name	Daniel Stemmer	
			Attorney Docket Numbe	r P03958US1	
I hereby appo	int:				m l
Y Practition	nore at C	Sustomer Number			
OR	ileis at C	datomer radiner		34082	
	ner(s) na	med below:		PATENT TRADEMARK OFF	ICB
	<u> </u>	Name	R	egistration Number	7
]
]
				0 (1)	_
as my/our attori	nev(s) or	agent(s) to prosecute the	annlication identified a		
				above, and to transact all	E E
pusiness in the	United S	States Patent and Tradem			
			ark Office connected the	nerewith.	
Please change	the corre	States Patent and Tradem	ark Office connected the	nerewith.	
Please change The above	the corre	States Patent and Tradem espondence address for the ed Customer Number.	ark Office connected the	nerewith. lication to: Place Customer	
Please change The above OR Practitione	the corre	States Patent and Trademespondence address for the	ark Office connected the	nerewith. lication to:	
Please change The above OR Practitione OR	the corre	States Patent and Tradem espondence address for the ed Customer Number.	ark Office connected the	lication to: Place Customer Number Bar Code	
Please change The above OR Practitione	the corre -mention rs at Cus	States Patent and Tradem espondence address for the ed Customer Number.	ark Office connected the	lication to: Place Customer Number Bar Code	
Please change The above OR Practitione OR Individual Name Address	the corre -mention rs at Cus	States Patent and Tradem espondence address for the ed Customer Number.	ark Office connected the	lication to: Place Customer Number Bar Code	
Please change The above OR Practitione OR Firm or Individual Na Address Address	the corre -mention rs at Cus	States Patent and Tradem espondence address for the ed Customer Number.	nark Office connected the above-identified app	nerewith. lication to: Place Customer Number Bar Code Label here	
Please change The above OR Practitione OR Individual Naddress Address City	the corre -mention rs at Cus	States Patent and Tradem espondence address for the ed Customer Number.	ark Office connected the	lication to: Place Customer Number Bar Code	
Please change The above OR Practitione OR Individual Notes Address Address City Country	the corre -mention rs at Cus	States Patent and Tradem espondence address for the ed Customer Number.	nark Office connected the above-identified app	nerewith. lication to: Place Customer Number Bar Code Label here	
Please change The above OR Practitione OR Firm or Individual Notes Address Address City Country Telephone	the corre -mention rs at Cus	States Patent and Tradem espondence address for the ed Customer Number.	nark Office connected the above-identified app	Place Customer Number Bar Code Label here	
Please change The above OR Practitione OR Individual National Nati	the corre	States Patent and Tradem espondence address for the ded Customer Number.	nark Office connected the above-identified app	Place Customer Number Bar Code Label here	
Please change The above OR Practitione OR Individual National Nati	the corre -mention rs at Cus	States Patent and Tradem espondence address for the ded Customer Number.	nark Office connected the above-identified app	Place Customer Number Bar Code Label here	
Please change The above OR Practitione OR Individual Naddress Address City Country Telephone I am the: Applican	the corre	States Patent and Tradem espondence address for the ded Customer Number. Stomer Number	nark Office connected the above-identified app	Place Customer Number Bar Code Label here	
Please change The above OR Practitione OR Practitione OR Address Address City Country Telephone I am the: Assigne	the corre	States Patent and Tradem espondence address for the ded Customer Number.	sark Office connected the above-identified app State Fax See 37 CFR 3.71.	Place Customer Number Bar Code Label here	
Please change The above OR Practitione OR Practitione OR Address Address City Country Telephone I am the: Assigne	the corre	States Patent and Tradem espondence address for the ded Customer Number. Stomer Number or. ord of the entire interest. Str 37 CFR 3.73(b) is enclo	sark Office connected the above-identified app State Fax See 37 CFR 3.71.	Place Customer Number Bar Code Label here Zip	
Please change The above OR Practitione OR Practitione OR Firm or Individual Naddress Address City Country Telephone I am the: X Applicant Assigne Stateme	the correction of the correcti	States Patent and Tradem espondence address for the ded Customer Number. Stomer Number or. ord of the entire interest. Str 37 CFR 3.73(b) is enclo	sark Office connected the above-identified app State Fax See 37 CFR 3.71. Sed. (Form PTO/SB/96)	Place Customer Number Bar Code Label here Zip	
Please change The above OR Practitione OR Firm or Individual N Address Address City Country Telephone I am the: X Applican Stateme	the correction of the correcti	States Patent and Tradem espondence address for the ded Customer Number. Stomer Number or. or. ord of the entire interest. Str 37 CFR 3.73(b) is enclo	sark Office connected the above-identified app State Fax See 37 CFR 3.71. Sed. (Form PTO/SB/96) cant or Assignee of Recommendation	Place Customer Number Bar Code Label here Zip	
Please change The above OR Practitione OR Practitione OR Firm or Individual Naddress Address City Country Telephone I am the: X Applicant Assigne Stateme	the correction of the correcti	or. ord of the entire interest. Str 37 CFR 3.73(b) is enclosed Signature of Appli	sark Office connected the above-identified app State Fax See 37 CFR 3.71. Sed. (Form PTO/SB/96) cant or Assignee of Recommendation	Place Customer Number Bar Code Label here Zip	

forms are submitted.

Total of

der the Paperwork Reduction Act of 1995, no persons are required to	Approve U.S. Patent and Tradema respond to a collection of informat	ed for use through 10/31/ irk Office; U.S. DEPARTI	PTO/8B/81 (02-01) 2002. OMB 0651-0035 MENT OF COMMERCE Id OMB control number.
	Application Number	09/674,3	
	Filing Date	10/31/00	
	First Named Inventor	Cate et a	al.
POWER OF ATTORNEY OR	Title METHOD AND	T	ILLING NATURAL
AUTHORIZATION OF AGENT	Group Art Unit		SAUS
	Examiner Name	Daniel S	temmer
	Attorney Docket Numbe	P03958US	
I hereby appoint:			
Practitioners at Customer Number			
OR		340	082
Practitioner(s) named below:			EMARK OFFICE
Name	R	egistration Numbe	er
			
			
as my/our attorney(s) or agent(s) to prosecute th	ne application identified a	bove, and to trans	sact all
business in the United States Patent and Traden	mark Office connected th	erewith.	sact all
Please change the correspondence address for t	mark Office connected th	erewith.	sact all
Please change the correspondence address for t The above-mentioned Customer Number.	mark Office connected th	erewith.	
Please change the correspondence address for t	mark Office connected th	erewith. ication to: Place Custom Number Bar C	er
Please change the correspondence address for to the above-mentioned Customer Number.	mark Office connected th	erewith. ication to: Place Custom	er
business in the United States Patent and Traden Please change the correspondence address for t The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or	mark Office connected th	erewith. ication to: Place Custom Number Bar C	er
business in the United States Patent and Traden Please change the correspondence address for t The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name	mark Office connected th	erewith. ication to: Place Custom Number Bar C	er
business in the United States Patent and Traden Please change the correspondence address for t The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address	mark Office connected th	erewith. ication to: Place Custom Number Bar C	er
business in the United States Patent and Traden Please change the correspondence address for t The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address Address	mark Office connected the above-identified applement	Place Custom Number Bar C Label here	er
business in the United States Patent and Traden Please change the correspondence address for t The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address Address City	mark Office connected th	erewith. ication to: Place Custom Number Bar C	er
business in the United States Patent and Traden Please change the correspondence address for t The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address Address	mark Office connected the above-identified applementation	Place Custom Number Bar C Label here	er
business in the United States Patent and Traden Please change the correspondence address for t The above-mentioned Customer Number. OR Practitioners at Customer Number OR Individual Name Address City Country Felephone	mark Office connected the above-identified applement	Place Custom Number Bar C Label here	er
business in the United States Patent and Traden Please change the correspondence address for t The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country	mark Office connected the above-identified applementation	Place Custom Number Bar C Label here	er
business in the United States Patent and Traden Please change the correspondence address for t The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address City Country Telephone I am the: X Applicant/Inventor.	mark Office connected the above-identified applementation of the above-identified applementation	Place Custom Number Bar C Label here	er
business in the United States Patent and Traden Please change the correspondence address for t The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest.	state See 37 CFR 3.71.	Place Custom Number Bar C Label here Zip	er
business in the United States Patent and Traden Please change the correspondence address for t The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address City Country Telephone I am the: X Applicant/Inventor.	state See 37 CFR 3.71.	Place Custom Number Bar C Label here Zip	er
business in the United States Patent and Traden Please change the correspondence address for t The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address City Country Felephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is encice	state See 37 CFR 3.71.	Place Custom Number Bar C Label here Zip	er
business in the United States Patent and Traden Please change the correspondence address for t The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address City Country Felephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is encice	state See 37 CFR 3.71. Seed. (Form PTO/SB/96)	Place Custom Number Bar C Label here Zip	er
business in the United States Patent and Traden Please change the correspondence address for t The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is encion SIGNATURE of Appli	State See 37 CFR 3.71. Seed. (Form PTO/SB/96) Icant or Assignee of Reco	Place Custom Number Bar C Label here Zip	er
business in the United States Patent and Traden Please change the correspondence address for t The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is encion SIGNATURE of Appli	State See 37 CFR 3.71. Seed. (Form PTO/SB/96) Icant or Assignee of Reco	Place Custom Number Bar C Label here Zip	er

9

___forms are submitted.

T tal of_